



**Adopt-A-Ship Program
Classroom/Teacher Registration Form
School Year 2005-2006**

Return to:
US Maritime Administration
Attn: Patricia M. Randall,
Adopt-A-Ship Program
400 7th St. SW, Rm-8114,
Washington, DC 20590

Full Name of Teacher _____

School Class Grade _____ Number of Pupils _____

Full Name of School _____

Complete School Address _____

_____ City _____ State _____ Zip _____
School Phone Number () _____ School Fax Number () _____

Your email address _____

Is this your first experience in the Adopt-A-Ship Program ____Yes ____No

If not, do you have a preferred ship that you wish to partner with? ____Yes ____No

Name of Ship: _____

Name of Company: _____

Master's Name: _____

Please give us the name and address of a teacher **at another school** that you think would be interested in participating in this program. _____

Comments: _____

Date: _____

Signature: _____

Print Name: _____

**Adopt-A-Ship Program
Co-Sponsored by
The U.S. Propeller Club of the United States and the U.S. Maritime Administration**